

PTO/SB/81 (11-04)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

ired to respond to a collection of information unless it displays a valid OMB control furnise.						
Application Number	To be assigned					
Filing Date	October 18, 2004					
First Named Inventor	HENDERSON, William					
Title	CAMOUFLAGE COVERING					
Art Unit	To be determined					
Examiner Name	To be determined					
Attorney Docket Number	0-010302USWZF":N					

I hereby revoke al	Il previous powers of attorney of	given in the a	bove-identified	application.	
I hereby appoint:	·				
	ssociated with the Customer Number:	40629			
OR					
Practitioner(s) n	named below:				
	Name		F	Registration Number	7
as my/our attorney(s) of Trademark Office confi	or agent(s) to prosecute the applicatio nected therewith.	n identified abov	e, and to transact a	all business in the U	Inited States Patent and
Please recognize or ch	hange the correspondence address fo	r the above-iden	tified application to	:	
آييا ا			•		
The address OR	associated with the above-mentioned	Customer Numb	per:		
			40620		
	s associated with Customer Number:		40629		
OR Firm or					
Individual Name					
Address					
City			State		Zip
Country					
Telephone			Fax		
I am the: Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature	Jenlin	1	<u> </u>	Date	13 Dec. 2004
Name	William Henderson Telephone +44 1442 278 555			+44 1442 270 535	
Title and Company					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
*Total of 3 forms are submitted.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (11-04)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control numbe

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

	ormation unless it displays a valid OMB control num	ber.
Application Number	To be assigned	
Filing Date	October 18, 2004	
First Named Inventor	HENDERSON, William	
Title	CAMOUFLAGE COVERING	
Art Unit	To be determined	
Examiner Name	To be determined	
Attorney Docket Number	0-010302USWZF.N	

I hereby	y revoke all pre	vious powers of attorney gi	ven in the ab	ove-ide	entified applic	cation.	
I hereby	y appoint:						
				40629		Į.	
OR			<u></u>		-		
Pra	actitioner(s) named	below:					
		Name			Registra	ation Numbe	Г
\vdash							
⊢		· 					
<u> </u>							
	r attorney(s) or age rk Office connected	ent(s) to prosecute the application therewith.	identified above	, and to t	ransact all busi	ness in the U	Inited States Patent and
Please re	cognize or change	the correspondence address for	the above-identit	ied annli	cation to:		
		•		• • •	Cation to.		
OR		ciated with the above-mentioned C	Justomer Numbe	er:		\neg	
	40629						
	The address associated with Customer Number: OR						
	Firm or Individual Name						
Add	dress						
•					,		T
City	untry			State			Zip
	lephone			Fax			
I <u>am</u> the:	-						***
	Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature	/	2622	.".			Date	13 Dec. 2004
Name	The state of the s	Cheese				Telephone	+44 1442 270 555
Title and Company							
	natures of all the inve s required, see below	ntors or assignees of record of the ent	ire interest or their	represent	ative(s) are require	ed. Submit mu	Iltiple forms if more than one
✓ ,To	otal of 3	forms are submitted.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

red to respond to a collection of fric	matter unless it displays a valid ONB control number.			
Application Number	To be assigned			
Filing Date	October 18, 2004			
First Named Inventor HENDERSON, William				
Title	CAMOUFLAGE COVERING			
Art Unit	To be determined			
Examiner Name	To be determined			
Attorney Docket Number	0-010302USWZFN			

I hereby revoke all previous powers of attorney gi	von in the above i	lantified applied	ation			
	veri iii the above-ii	entined applica	ation.			
I hereby appoint:						
Practitioners associated with the Customer Number:	4	40629				
OR						
Practitioner(s) named below:						
Name		Registrati	ion Numbe	r		
		· ·				
as my/our attorney(s) or agent(s) to prosecute the application	identified above, and to	transact all busine	ess in the U	United States Patent and		
Trademark Office connected therewith.						
Please recognize or change the correspondence address for t	he above-identified ap	lication to:				
The address associated with the above-mentioned C OR	Justomer Number.		ו			
	40629					
The address associated with Customer Number: OR						
Firm or Individual Name	Firm or					
Address				······················		
City	State			Zip		
Country						
Telephone	Fax					
I am the:						
Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form						
SIGNATURE of	Applicant or Assigne	e of Record				
Signature Allan Man	ed all		Date	12 Dec. 2004		
Name Allan Marshall			Telephone	330/869-4492		
T itle and Gempany				•		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
*Total of 3 forms are submitted.						

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.